

# Application Certified Manufacturer

**CERTIFICATION (License):**  New  Renewal

Please Print – Any incomplete Application will be returned to the Applicant and certification/renewal may expire during processing period.

Applicant \_\_\_\_\_

Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Company Telephone \_\_\_\_\_ Cellular Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PRODUCT(S)**

Treatment:

Advanced Treatment System

Septic Tank:

Baffle  
 Without Baffle

Disposal:

Double 6 inch pipe  
 8 inch pipe  
 10 inch pipe  
 Chamber  
 Expanded Polystyrene System (EPS)  
 Multi-Pipe System (MPS)

Other:

Fibers  
 Effluent Filter  
 Spray Irrigation  
 Subsurface Drip

**REQUIREMENTS (MS Code of 1972, Annotated 41-67-27)**

It is unlawful for a manufacturer of an Individual On-site Wastewater Disposal System or alternative treatment or disposal components to operate a business in or to do business in the State of Mississippi without holding a valid manufacturer's registration issued by the Department.

**ATTESTATION:** I attest and certify that all information submitted is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mississippi State Department of Health**  
Division of On-site Wastewater  
805 South Wheatley Street, Suite 340  
Ridgeland, MS 39157  
[www.healthymss.com](http://www.healthymss.com)

(Time/Date Stamp)

NEW	<i>OFFICE USE ONLY</i>	RENEWAL
<input type="checkbox"/> Required Documentation  <input type="checkbox"/> Remittance of Fee \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash  Certification No. <b>CM-</b> _____ Date _____	<input type="checkbox"/> Required Documentation  <input type="checkbox"/> Remittance of Fee \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash  Certification No. <b>CM-</b> _____ Date _____	(This area is reserved for the Renewal process and is not applicable for New applications.)

# Application

## Certified Manufacturer

### PURPOSE

To provide an application for any person who wishes to register an Individual On-site Wastewater Disposal System product(s) or Alternative treatment or disposal component(s) in the State of Mississippi.

### INSTRUCTIONS

#### Type

1. Check appropriate box New or Renewal.

#### Applicant

2. Applicant – Enter the name of the Applicant
3. Company – Enter the name under which the Applicant's business operates
4. Company Mailing Address – Enter mailing address of the company
5. Company Telephone Number – Enter the company's phone number
6. Contact Person Cellular Number – Enter the applicant's cellular number
7. Email Address – Enter the applicant/company email address

#### Products

8. Check the product(s) that you wish to register.

#### Attestation

9. Signature – Contact Person's name
10. Date – Enter the day the application was signed

#### Office Use Only (New)

11. Check Required Documentation
12. Check Remittance of Fee and enter amount of Fee
13. Check type of Fee submitted
14. Certification No. – Automatically assigned by the wastewater computer program to applicant
15. Date – Application is processed

#### Office Use Only (Renewal)

16. Check Required Documentation
17. Check Remittance of Fee and enter amount of Fee
18. Check type of Fee submitted
19. Certification No. – Automatically assigned by the wastewater computer program to applicant
20. Date – Application is processed

### OFFICE MECHANICS AND FILING

From the Division, the Special Project Officer verifies the information received from the Applicant and deposits monies received. The information is given to Engineers for review and assigned to Program Staff, as needed, for field verification. Once information is verified, the Special Project Officer prints the certificate, mails certificate to the Applicant, and files documentation.

### RETENTION PERIOD

The Division of On-site Wastewater will retain the Application for 3 years or until audited.